

difficulties:

- (i) leukocytosis is not specific as it is a marker of stress rather than of infection
- (ii) reliable diagnosis is established by the presence of organisms only in the blood or in sterile tissues but tissues may be difficult to obtain
- (iii) administration of antibiotics frequently before diagnostic tests limits the utility of cultures
- (iv) cultures may take some time to become positive
- (v) tests such as PCR may not be universally available
- (vi) serology tests are frequently non-specific
- (vii) biomarkers such as procalcitonin, CRP & IL-6 do not have high sensitivity and specificity
- (viii) there is a lack of consensus regarding what constitutes VAP, line sepsis etc

laboratory
diagnosis

diagnosis
of sepsis

clinical
diagnosis

difficulties:

- (i) fever & other SIRS criteria have low specificity
- (ii) there are no specific clinical signs of sepsis apart from those associated with specific syndromes such as endocarditis
- (iii) elderly, immunocompromised & malnourished patients do not manifest typical signs of sepsis
- (iv) both infective & non-infective causes of SIRs may coexist in the same patient & therefore presence of inflammation is not always a reliable sign
- (v) deep seated collections are difficult to diagnose